

<b>SCC eFile</b>	<b>2015 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>215518023</b>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>Huttig Building Products, Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CT CORPORATION SYSTEM</b>  <b>4701 COX ROAD, SUITE 285</b>  <b>GLEN ALLEN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>DE</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>5/31/2015</b></p> <p>SCC ID NO: <b>F0044927</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>50,000,000</td> </tr> <tr> <td>PREFER</td> <td>5,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	50,000,000	PREFER	5,000,000
CLASS	AUTHORIZED							
COMMON	50,000,000							
PREFER	5,000,000							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 555 MARYVILLE UNIVERITY DRIVE STE 400</p> <p style="text-align: center;">CITY/ST/ZIP: ST LOUIS, MO 63141</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JON VRABELY  TITLE: PRESIDENT  ADDRESS: 555 MARYVILLE UNIVERSITY DRIVE  SUITE 400  CITY/ST/ZIP/CO: ST LOUIS, MO 63141 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JON VRABELY TITLE: PRESIDENT ADDRESS: 555 MARYVILLE UNIVERSITY DRIVE SUITE 400 CITY/ST/ZIP/CO: ST LOUIS, MO 63141	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	E THAYER BIGELOW JR. DIRECTOR 555 MARYVILLE UNIVERSITY DR ST LOUIS, MO 63141	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R S EVANS DIRECTOR 100 FIRST STAMFORD PL STAMFORD, CT 06905	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD S FORTE' DIRECTOR 555 MARYVILLE UNIVERSITY DR ST LOUIS, MO 63141	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD L GLASS DIRECTOR 555 MARYVILLE UNIVERSITY DR SUITE 400 ST LOUIS, MO 63141	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J KEITH MATHENEY DIRECTOR 555 MARYVILLE UNIVERSITY DR SUITE 400 ST LOUIS, MO 63141	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DELBERT H TANNER DIRECTOR 3575 PIEDMONT AVE SUITE 1070 ATLANTA, GA 30305	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DON E HAKE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DON E HAKE, CONTROLLER PRINTED NAME AND CORPORATE TITLE	5/7/2015 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			